

ALABAMA ONSITE WASTEWATER BOARD
Deficiency Plan for Continuing Education

THIS PAGE TO BE COMPLETED BY THE LICENSE APPLICANT

LICENSE NUMBER: _____

TYPE OF DEFICIENCY APPLYING FOR:

MILITARY _____
EMERGENCY _____

MEDICAL HARDSHIP _____
WORKING OUT OF STATE _____

PERSONAL INFORMATION

LAST NAME: _____ FIRST NAME: _____ MI: _____

HOME ADDRESS: _____ PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ COUNTY: _____ ZIP: _____

DEFICIENCY PLAN

Please describe why you are deficient in your continuing education and what your plan is to be in compliance:
(Use additional sheets if necessary)

Date: _____

Signature of Applicant: _____

(FOR AOWB USE ONLY)

BOARD RECOMMENDATION/APPROVAL:

DEFICIENCY PLAN FEE RECEIVED:
